



Human Resources Capstone

Participant Training Manual

Comprehensive Public Training Program



STATECIVILSERVICE
COMPREHENSIVE PUBLIC TRAINING PROGRAM

Revised 06/13/2018

Icebreaker Activity

Human Resources Capstone

H	_____	R	_____
U	_____	E	_____
M	_____	S	_____
A	_____	O	_____
N	_____	U	_____
		R	_____
		C	_____
		E	_____
		S	_____

Notes



Human Resources Capstone

Applicant Evaluation Matrix Exercise

Applicant Name:	Interview Date:	Interview Panel:	Interview Question	Critical Behavior/ Skill	Applicant demonstrates this behavior? Yes (Y) or No (N)	Is this skill Trainable (T) or Non-trainable (N)?	Does this applicant require additional training? Yes (Y) or No (N)

Applicant Evaluation Matrix Exercise

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Orientation and Onboarding Exercise

Orientation Activities

Onboarding Activities

Benefits of Onboarding new employees:

Notes



PES Form Exercise

<div> <div> Louisiana SCS State Civil Service </div> <div> SCS Performance Evaluation System – Planning & Evaluation Form Form Revision Date: 4/2014 </div> </div>			
Employee Information			
Dept/Office/Section/Unit:		Employee Personnel #:	
Employee Name:		Performance Year:	
Employee Title:		Evaluation Period:	
Initial Planning Session			
Step #1 - Evaluating Supervisor (SCS Rule 10.2):			
Signature:			
Personnel #:		Date Given to Second Level Evaluator:	
Step #2 - Second Level Evaluator (SCS Rule 10.3):			
Signature			
Personnel #:		Date Approved (Must be on or before planning session):	
Step #3 - Employee:			
Employee Signature:		Date:	
By signing and dating this form, I am certifying that my evaluating supervisor conducted a planning session with me on the date shown.			
Updated Planning Sessions (Optional):			
Date Conducted:	Supervisor Initial:		Employee Initial:
Date Conducted:	Supervisor Initial:		Employee Initial:
Date Conducted:	Supervisor Initial:		Employee Initial:
Agency Human Resources Office Use Only (Optional)			
Date Planning Received in Human Resources:	Human Resources Staff Initial:	Evaluating Supervisor Compliance (Y/N)	Second Level Evaluator Compliance (Y/N)

PES Form Exercise

Evaluation Session			
Step #1 - Evaluating Supervisor (SCS Rule 10.2):			
Signature:		Date Given to Second Level Evaluator:	
Personnel #:			
Step #2 - Second Level Evaluator (SCS Rule 10.3):			
Signature:		Date Approved (Must be on or before evaluation session):	
Personnel #:			
Step #3 - Employee:			
Employee Signature:		Date:	
By signing and dating this form, I am certifying that my evaluating supervisor conducted an evaluation session with me on the date shown.			
Employee Statement (Only if Employee is NOT Signing Form for purposes of Evaluation): <input type="checkbox"/> I have decided not to sign this form, but I acknowledge that I received a copy of the evaluation and understand that my failure to sign will not prohibit the evaluation from becoming official for the performance year.			
If employee did not sign above, or chose not to sign the form, please indicate whether the employee was given or mailed a copy of the evaluation below:			
Mailed	<input type="checkbox"/>	Given	<input type="checkbox"/>
Overall Evaluation: (Select only one evaluation)			
<input type="checkbox"/> Not Evaluated	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Successful	<input type="checkbox"/> Needs Improvement/Unsuccessful
	Unrated - If Unrated, select sub-category: <input type="checkbox"/> Never Rendered <input type="checkbox"/> Untimely <input type="checkbox"/> Violation of Chapter 10		
Agency Human Resources Office Use Only (Optional)			
Date Evaluation Received in Human Resources:		Human Resources Staff Initial:	
		Evaluating Supervisor Compliance (Y/N)	
		Second Level Evaluator Compliance (Y/N)	

PES Form Exercise







Employee Name:		Employee Personnel #:	
<u>Agency Mission / Goals / Standards:</u>			
<u>Department Mission / Goals:</u>			

































<u>Work and Behavior Expectations (at least one each):</u>	<u>Bank of Expectations</u>
<u>Documentation / Comments</u>	

Human Resources Capstone

PES Form Exercise

	SCS Performance Evaluation System – Interim Discussion Form Form Revision Date: 1/2014
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Employee Information	
Dept/Office/Section/Unit: 	Employee Personnel #: 
Employee Name: 	Performance Year: 
Employee Title: 	Evaluation Period: 

Interim Discussion Sessions				
Date Conducted: 	Supervisor Initial: 	Employee Initial: 		
Date Conducted: 	Supervisor Initial: 	Employee Initial: 		
Date Conducted: 	Supervisor Initial: 	Employee Initial: 		
Date Conducted: 	Supervisor Initial: 	Employee Initial: 		
Date Conducted: 	Supervisor Initial: 	Employee Initial: 		
Date Conducted: 	Supervisor Initial: 	Employee Initial: 		
Date Conducted: 	Supervisor Initial: 	Employee Initial: 		
Date Conducted: 	Supervisor Initial: 	Employee Initial: 		

PES Form Exercise

Performance Evaluation System (PES) – Agency Transfer Evaluation Form

- Applies to classified employees who were employed with a State Agency on June 30th of the performance year and transferred agencies between July 1 and September 30.
- Completion of this form will assign an evaluation of “Not Evaluated” to the affected employee.
- Employee will maintain eligibility for a performance adjustment, subject to the Appointing Authority’s determination that employee’s performance merited such adjustment.
- No additional PES evaluation form is required.
- Planning for the new performance year is required in accordance with SCS Rule 10.5.

Employee Name	Personnel #	Date
Employee Signature		
Evaluating Supervisor Name	Personnel #	Date
Evaluating Supervisor Signature		